

**Ohio Department of Health (ODH) Division of
Family and Community Health Services (DFCHS)
Bureau of Child and Family Health Services
(BCFHS) Child and Family Health Services
Program (CFHS) Program Standards 2014**

**Child and Adolescent Health Direct Care
Standards**

1 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

*February
2014*

Pediatrics was developed as a specialty of care more than a century ago to address the needs of infants, children and adolescents. Children represent unique challenges compared to adults, including rapidly growing bodies and brains, remarkable resilience in recovery from both illness and injury and a medical history that has not yet been written. Because of this, practitioners who care for children and youth share a responsibility to ensure children and families have the information and tools they need to maintain health and support normal physical, mental and emotional growth.

The role of the pediatric provider has evolved over time. Since 1960, the rate of chronic

diseases in children has increased more than 300 times. In addition, evidence now confirms that while nearly half of adults in the U.S. have a chronic disease, much of this burden has its roots in childhood. And yet, while specific components of pediatric health care have evolved over time, the core component of all care is the provision of high-quality anticipatory guidance. Families turn to their healthcare provider more than any other resource for information on their child's health. It's this practitioner's role to care for the immediate needs of the child and family, while delivering information on developmental milestones, routine medical care, guidance on sleep hygiene, physical activity and nutrition, and many other topics at every visit and for every patient.

To accomplish this, practitioners can use several tools to plan and organize appropriate office visits for well-checks and acute care. Beginning in 1990 and recently updated, the Bright Futures Guidelines provides a comprehensive approach to well child care and prevention for all health care providers. Included in the guidelines are the Recommendations for Preventive Pediatric Health Care. This one page chart shows the most critical sensory, developmental, and physical screenings from birth through 21 years. Together with additional tools, practitioners can appropriately address both the present needs of the child and prepare the family for the months and years to come.

*Andrew Wapner, DO,
MPH*

*Chief Medical Officer, Ohio Department of
Health*

2 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

Table of Contents

Overview

.....	4
Ages and Stages	6
.....	6
Breastfeeding	6
.....	6
Growth Charts	6
.....	6
Hearing	7
.....	7
Immunizations	7
.....	7
Infant Safe Sleep	7
.....	7
Lead	8
.....	8
Mental Health	8
.....	8
Bullying	8
.....	8
Drug and Alcohol	9
.....	9
Socio/Emotional	9
.....	9
Nutrition	
.....	

10

Ohio Adolescent Health Partnership

..... 11

Oral Health

..... 11

Physical Activity

..... 13

Sleep

.....

.. 14

Speech and Language

..... 14

Universal Precautions

..... 14

Vision

.....

. 14

Clinical Monitoring Guidelines

..... 15

3 CFHS Program Standards: Child and Adolescent Health Direct Care,

February 2014

Overview

w

The CFHS Program recommends following *Bright Futures* as the minimum guidelines for child and adolescent health visits. CFHS recommends children less than 1 have at least 5 well child visits per year and children between ages 1 to 2 at least 3 visits per

year. The purpose of these visits is to help identify children at risk for health problems, developmental problems, and/or disabling conditions.

Bright Futures was developed by the American Academy of Pediatrics (AAP) and offers guidelines for Health Supervision from infants to adolescents.

Bright Futures is divided into ten themes that recur in each stage of child development. *Bright Futures* also includes health supervision guidance and anticipatory guidance for the 31 recommended visits from infancy through late adolescence. In addition to the guidelines provided in *Bright Futures*, CFHS has provided additional information and links.

Download the 3rd Edition Guidelines here:

http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

Download the *Bright Futures* 3rd Edition Pocket Guide here:

http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf

***Bright Futures* Themes** Promoting Family Support Promoting Child Development Promoting Mental Health Promoting Healthy Weight Promoting Healthy Nutrition Promoting Physical Activity Promoting Oral Health Promoting Healthy Sexual Development and Sexuality Promoting Safety and Injury Prevention Promoting Community Relationships and Resources

4 CFHS Program Standards: Child and Adolescent Health Direct Care, February 2014

Bright Futures: Nutrition focuses on health promotion and disease prevention for infants, children, adolescents, and families. Food and eating are presented as both healthful and pleasurable. The guide promotes positive attitudes toward food

and offers guidance on choosing healthy foods.

The Nutrition Guide is downloadable section-by-section and the Nutrition 3rd edition Pocket Guide is also available for download. View both at

http://brightfutures.aap.org/nutrition_3rd_Edition.html

Guidelines for Child and Adolescent Health Care The following links provide assistance for child and adolescent health care visits/screenings and are based on current practice and on professional practice standards from the American Academy of Pediatrics.

Bright Futures Visit Forms and Developmental, Behavioral, Psychosocial, Screening and Assessment Forms –

http://brightfutures.aap.org/tool_and_resource_kit.html

Ohio Medicaid Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. It provides a group of services to children and teens younger than age 21 which include: prevention, diagnosis and treatment. The purpose of Healthchek is to discover and treat health problems early. If a potential health problem is found, further diagnosis and treatment are covered.

<http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx> Healthchek

Screen Forms available at:

<http://www.odjfs.state.oh.us/forms/findform.asp?formnum=03518>

The *child and adolescent health measures and strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are found on the CFHS Components Grid in the current RFP. The Components Grid is used to populate the perinatal health *measures, strategies* and *benchmarks* on the CFHS Program Plan. In order to be funded for *child and adolescent health* the CFHS agency must clearly meet the *eligibility and justification* criteria for each proposed *child and adolescent* measure and strategy. *Benchmarks* have been developed for all CFHS *measures* and are used to measure progress toward achieving CFHS goals. A CFHS agency must use only those *measures* identified by ODH in the most recent Request for Proposal and their corresponding *benchmarks* for each *strategy*. *Benchmarks* cannot be altered. However, additional *benchmarks* for specific activities should be included in the program plan.

Additional resources have been provided for the following topics:

Ages and Stages Questionnaire A developmental screening tool to screen infant and young children one month to 5 1/2 years old. It is available in English, Spanish and French. <http://agesandstages.com/>

Breastfeeding

ODH Policy on Infant Feeding ODH, in alignment with the American Academy of Pediatrics, recommends exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant. Policy: <http://bit.ly/odhinfantfeedingpolicy> Fact sheet: <http://bit.ly/odhinfantfeedingpolicyfactsheet>

ODH Infant Feeding and Safe Sleep Policies Video can be accessed on [Ohio Train](#). Course Title: Infant Feeding and Safe Sleep Policies. Course ID: 1047754

Source: American Academy of Pediatrics. (2012). Breastfeeding and the Use of Human Milk. *Pediatrics*. 129(3), e827-e841. Available at <http://pediatrics.aappublications.org/content/129/3/e827.full.html>

Additional breastfeeding resources can be located at http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cfhs1.aspx. It is recommended direct care agencies should maintain a list of local resources.

Growth Charts The CDC requires health care providers use the World Health

Organization (WHO) growth charts to monitor growth for infants and children ages 0 to 2 years of age and use the CDC growth charts to monitor growth for children age 2 years and older in the U.S.

http://www.cdc.gov/growthcharts/who_charts.htm

6 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

Hearing Resources

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/hearing%20and%20vision%20screening%20for%20children/hgresources.aspx>

Hearing Screening for Infants

[http://www.helpmegrow.ohio.gov/en/Infant Hearing/Infant Hearing.aspx](http://www.helpmegrow.ohio.gov/en/Infant%20Hearing/Infant%20Hearing.aspx)

Hearing Screening Requirements & Guidelines for School-based Preschool & K-12 schools

<http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/hvscr1.aspx>

Immunizations The goal of the Ohio Department of Health Immunization Program is to reduce and eliminate vaccine-preventable diseases among Ohio's children, adolescents and adults. The ODH Immunization Program seeks to prevent vaccine-preventable diseases with currently available vaccines. The site also includes the CDC's Recommended Immunization Schedules.

<http://www.odh.ohio.gov/odhprograms/dis/immunization/immindex1.aspx>

Infant Safe Sleep

ODH Policy on Infant Safe Sleep In all activities and publications, ODH programs and subgrantees shall adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Expansion of*

Recommendations for a Safe Infant Sleeping Environment, released in October, 2011. Policy: <http://bit.ly/odhinfantsafesleeppolicy> Fact Sheet: <http://bit.ly/odhinfantsafesleeppolicyfactsheet>

ODH Infant Safe Sleep Resource Guide available at http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cfhs1.aspx.

ODH Infant Feeding and Safe Sleep Policies Video can be accessed on [Ohio Train](#). Course Title: Infant Feeding and Safe Sleep Policies. Course ID: 1047754

Source: Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, October, 2011. www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284.

7 CFHS Program Standards: Child and Adolescent Health Direct Care, February 2014

Lead Screening In 1988, the Lead Control Act was passed which authorized the Centers for Disease Control and Prevention (CDC) to initiate program efforts to eliminate childhood lead poisoning in the United States. In November 1997, the CDC published “Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials.” This document did not change the previous case management guidelines published in 1991, but modified recommendations regarding screening children for lead poisoning.

ODH supports lead poison screening guidelines and has developed recommendations for Ohio. There is no safe level of lead in the blood. Any confirmed level of lead in the blood is a reliable indicator that the child has been exposed to lead. All blood lead test results, by law, are required to be reported to ODH by the analyzing laboratory. More information, including *Ohio Lead Testing Requirements and Medical Management Recommendations*, available at: http://www.odh.ohio.gov/odhprograms/cfhs/lead_ch/leadch1.aspx

Mental Health The Department of Health and Human Services, Centers for Medicare and Medicaid Services, published an informational bulletin on Prevention and Early Identification of Mental Health and Substance Use Conditions. This includes web sites for numerous organizations within the medical community that have issued screening and clinical guidelines as well as learning opportunities and additional information for professional development and training.

<http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>

Bright Futures incorporates the AAP recommendations of an assessment of psychosocial and mental health and substance use at all well-child visits, newborn to age 21. The AAP also released an extensive toolkit for its members to assist them in the identification and treatment of these conditions among their patients.

Bright Futures-Developmental, Behavioral, Psychosocial, Screening and Assessment forms available at

http://brightfutures.aap.org/tool_and_resource_kit.html

Bullying The U.S. Department of Health and Human Services (DHHS) manages stopbullying.gov which covers topics such as types of bullying, who is at risk, prevention measures and action steps, and additional resources.

<http://www.stopbullying.gov/>

8 CFHS Program Standards: Child and Adolescent Health Direct Care,

February 2014

Drug and Alcohol Substance Abuse and Mental Health Services Administration (SAMHSA) provides leadership and devotes its resources - programs, policies, information and data, contracts and grants- toward helping the Nation act on the knowledge that behavioral Health is essential for health; prevention works; treatment is effective; and people recover from mental and substance use disorders. <http://www.samhsa.gov/>

The Partnership at Drugfree.org translates the science of teen drug use and addiction for families. This web site contains a wealth of information, tools and opportunities to help prevent and get help for drug and alcohol abuse by teens

and young adults. <http://www.drugfree.org/>

Physician Leadership on National Drug Policy's (PLNDP) Position Paper on Adolescent Drug Policy. "Adolescent Substance Abuse: A Public Health Priority. An evidence-based, comprehensive, and integrative approach."

<http://www1.spa.american.edu/justice/documents/2991.pdf> The National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), created this web site to educate adolescents ages 11 through 15 (as well as their parents and teachers) on the science behind drug abuse. <http://teens.drugabuse.gov/>

National Institute on Alcohol Abuse and Alcoholism (NIAAA), in collaboration with AAP, developed "Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide." It is designed to help health care professionals quickly identify youth at risk for alcohol-related problems.

<http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx>

Socio/Emotional AAP's Resource Guide for Healthy Start Staff: The Socio Emotional Development of Young Children.

http://www.nationalhealthystart.org/site/assets/docs/NHSA_SocialEmotional_2.pdf

AAP's Evidence-Based Child and Adolescent Psychosocial Interventions is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions.

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/CRPsychosocialinterventions.pdf>

9 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

AAP's Clinical Practice Guideline: "ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.

<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654.full.pdf+html>

Strategies for System Change in Children's Mental Health: A Chapter Action Kit

was developed out of a need to strategize how the AAP chapters can address the growing mental health needs of children and adolescents that pediatricians and other primary care clinicians who provide medical homes face.

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/finalcak.pdf>

Ages & Stages Questionnaires: Social-Emotional (ASQ:SE): A tool to screen infants and young children to determine who would benefit from an in-depth evaluation in the area of social-emotional development.

<http://agesandstages.com/asq-products/asqse/what-is-asqse/>

Nutrition According to the Centers for Disease Control and Prevention (CDC), in 2010, more than one third of children and adolescents were overweight or obese.

Choose My Plate The United States Department of Agriculture's (USDA) Choose My Plate provides practical information to individuals, health professionals, nutrition educators, and the food industry to help consumers build healthier diets with resources and tools for dietary assessment, nutrition education, and other user-friendly nutrition information. <http://www.choosemyplate.gov/>

Ounce of Prevention The *Ounce of Prevention is Worth a Pound* toolkit was developed to address the growing epidemic of childhood obesity through prevention. By providing the nutrition and physical activity messages and routinely reviewing the child's height and weight, it is hoped that many cases of childhood obesity will be prevented. It is important for this messaging to begin at birth during well-child visits or other health-care provider appointments, i.e., WIC Program, Child and Family Health Services, HeadStart, childcare, after-school programs,

10 CFHS Program Standards: Child and Adolescent Health Direct Care,

February 2014

etc., since a child's eating habits are formed by the time they are 2 years old.

<http://www.healthyohioprogram.org/healthylife/ounceofprevention/ounce.aspx>

Ohio Adolescent Health Partnership (OAHP) Strategic Plan

http://prodauth.odh.ohio.gov/sitecore/shell/Controls/Rich%20Text%20Editor/~/_media/0DC4A77E0F7E4153AE19C5A92A0C2204.ashx

Ohio Adolescent Health Partnership (OAHP)—Strategic Plan 2013-2020 The 2013-2020 strategic plan is intended to provide a framework for broadly addressing adolescent health and raising awareness about the health status of youth and the systems that support their health in Ohio.

http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Ohio%20Adolescent%20Health%20Partnership.aspx

Oral Health Oral Health is important to the overall health and well-being of children and adolescents. Dental caries is a preventable disease and the most common chronic disease in children. Children should have their first dental visit when the first tooth erupts or no later than the 1st birthday. The purpose of the guidelines is to help CFHS staff work with their clients to improve oral health by providing information on the following topics:

- Instruction in oral hygiene
- Appropriate use of fluoride
- Topical Application of fluoride varnish
- Caries-Risk Assessment
- Early Childhood Caries
- Information on dental sealants
- Referral and assistance in obtaining professional dental care

Help Me Smile This training and accompanying materials provide healthcare professionals working in a home-based capacity with anticipatory guidance, assessment tools, educational flip cards and handouts to promote proper oral

health practices for families and children. The training is divided into 7 modules: Introduction; The Dental Caries Process; Diet and Oral Health; Fluoride; How to Assess a Families Oral Health; Dental Home; and How to Use the Help Me Smile materials. The educational materials are divided developmentally (topics included are fluoride, brushing, flossing, dental decay, nutrition and “lift-the-lip” protocol),

11 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

assessment tools, and handouts for parents and can be viewed at the National Maternal and Child Health web site:

www.mchoralhealth.org/Materials/Multiples/HelpMeSmile <https://oh.train.org> (Course ID #1024583 1.1 Contact Hours) or

<http://www.odh.ohio.gov/odhprograms/ohs/oral/oral1.aspx> under Education and Materials (web-based training for home visitors and other healthcare professionals)

Bright Futures *Bright Futures* offers a pocket guide which may be viewed online or as a PDF download and is excerpted from *Bright Futures: Guidelines for Health Supervision of Infants, Children & Adolescents*. It offers an overview of preventive oral health for five developmental periods: pregnancy & postpartum, infancy, early and middle childhood, and adolescence.

www.brightfutures.org/oralhealth/about.html

Ohio Department of Health (ODH) ODH’s web site offers a variety of information on Oral Health for the healthcare professional.

Topics: Baby’s 1st dental visit, Bottle Water and Fluoride, Dental 1st aid, Dental Sealants, Early Childhood Cavities, Fluoride Varnish, and Taking Care of your Child’s teeth. <http://www.odh.ohio.gov/odhprograms/ohs/oral/oral1.aspx>

At a glance fact sheets: Provides information on- access to dental care, school-based sealant program, community water fluoridation, oral health resources for nondental healthcare professionals, oral health data, options (the Ohio Partnership to Improve Oral Health through access to Needed Services and school-based fluoride mouth rinse program.

<http://www.odh.ohio.gov/en/odhprograms/ohs/oral/oralfaq/aag.aspx>

Smiles for Ohio: Fluoride Varnish Training for Primary Medical Care Providers

Serving Young Children Enrolled in Medicaid (web course)

<http://www.ohiodentalclinics.com/curricula/smiles/index.html> or

<http://www.odh.ohio.gov/odhprograms/ohs/oral/oral1.aspx> under Education and Materials

Testing water for fluoride:

<http://www.odh.ohio.gov/en/odhprograms/ohs/oral/oralprev/fluoridation.aspx> In the last paragraph there is a hyperlink to a document that explains how to get a fluoride analysis done: [how to test a private well or other water source for fluoride](#).

Dietary Fluoride Supplements:

<http://www.odh.ohio.gov/odhPrograms/ohs/oral/oraltopics/flsched.aspx>

12 CFHS Program Standards: Child and Adolescent Health Direct Care,
February 2014

Oral Health and Pregnancy:

http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/NMCOHRCOralHealthPregnancyConsensus4_13.ashx

http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/pregnancyandoralhealth9_09.ashx Oral Care for people with developmental disabilities:

<http://www.nidcr.nih.gov/NR/rdonlyres/A66A6758-802E-49CF-906F-CE07F40C4E84/0/DevDisabilities.pdf>

<http://www.mchoralhealth.org/PDFs/SHCNfactsheet.pdf>

Physical Activity CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) DNPAO utilizes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases. The scope of DNPAO activities includes leadership, policy and guidelines development, surveillance, epidemiological and behavioral research, intervention development, technical assistance to states and communities, training and education, communication, and partnership development.

<http://www.cdc.gov/nccdphp/dnpao/index.html>

The *2008 Physical Activity Guidelines for Americans*, issued by the U.S. Department of Health and Human Services, recommend that children and adolescents aged 6-17 years should have 60 minutes or more of physical activity each day. Activity should vary between aerobic exercise, muscle-strengthening and bone-strengthening. It is important to encourage young people to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

<http://www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm>

Let's Move *Let's Move!* is a comprehensive initiative, launched by the First Lady, dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies with common sense, *Let's Move!* is about putting children on the path to a healthy future during their earliest months and years. Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. <http://www.letsmove.gov/>

13 CFHS Program Standards: Child and Adolescent Health Direct Care,

February 2014

Sleep *Bright Futures* offers guidelines for the different states of sleep, typical sleep patterns for infants/children, and guidance for establishing a routine sleep pattern. Additional information is available through Ohio Adolescent Health Partnership (OAHP). <http://prodauth.odh.ohio.gov/sitecore/shell/Controls/Rich%20Text%20Editor/~media/64762E FFB8804E84A420EDD8912D65C6.ashx>

Speech and Language Resources

National Institute on Deafness & Other Communication Disorders

Discusses how speech and language develop, the milestones for speech and language development, difference between a speech and language disorder, hearing checklist for parents, what parents should do if speech & language appears to be delayed, research being conducted and where to go for more information.

<http://www.nidcd.nih.gov/health/voice/pages/speechandlanguage.aspx>

American Speech-Language-Hearing Association: Guidelines for parents on how children hear and talk: birth to 1 year, 1 to 2 years, 3 to 4 years, and 4 to 5 years. <http://www.asha.org/public/speech/development/chart.htm>

Universal

Precautions

All direct care agencies are expected to follow required guidelines for universal precautions.

<http://www.cdc.gov/niosh/topics/bbp/universal.html>

Vision

Resources

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/hearing%20and%20vision%20screening%20for%20children/Vision%20Resource.ashx>

Save our Sight Program The focus of the Save Our Sight Fund is to provide early detection of vision problems and the promotion of good eye health and safety. <http://www.saveoursight.org/>

14 CFHS Program Standards: Child and Adolescent Health Direct Care,

February 2014

Amblyope Registry A statewide program which serves the needs of children with amblyopia (lazy eye). The program increase knowledge about amblyopia, its treatment and prevention. The registry helps provide free eye patches for treatment of amblyopia, as well as case management services, free literature and other important services to help families. <http://www.ohioamblyoperegistry.com/>

Vision Screening Guidelines for School-Based Preschool & K-12 schools

Preschool:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/hearing%20and%20vision>

[n%20sc reening%20for%20children/2011guidelines.ashx](#)

School-Age (K-12):

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/hearing%20and%20vision%20sc reening%20for%20children/visionconservationprogramspoliciesforchildrenrequirementsand recommendations.ashx>

CFHS Clinical Monitoring Guidelines

- Clinical protocols are reviewed and signed at orientation and annually by all clinicians.
- Clinical protocols should exist for each area of service and for medical emergencies.
- Maintain a record of annual inspection and calibration of equipment.
- Universal precautions are utilized at appropriate times.
- Health education should be provided by a health professional at each visit and documented in chart. Material reviewed for literacy level, client's level of understanding, and age appropriate.

February 2014